COVID-19
Community Spread
has been potentially identified in this area.

PLEASE exercise additional CAUTION when interacting with others.
Limits of individualistic medical epidemiology

More attention to complex social interactions

Cultural context
* cultural and social norm

Social structure
* age, occupation, and dependency

Social networks
* population integration and social capital

Neighborhood effects
* networks embedded in physical locations

Political landscape
* policy and welfare differences
Some findings...

- We observe more SARS-CoV-2 cases in those areas with a younger, more active, employed population.
- We observe more SARS-CoV-2 cases in those areas with higher intergenerational dependency.
- We observe more SARS-CoV-2 cases in those areas with uneven wealth distribution.
- We observe consistent rates of SARS-CoV-2 across geographical macro-regions or similar areas across different countries.
- We don’t observe more SARS-CoV-2 cases in those area with a denser population per se.
Some final remarks

• More tailored policies, for example by homogeneous macro-areas.
• Coordinated health communication strategy and national targets to assess the effects of these.
• Less emphasis on “the curve” and more on “the curves.”
• Social distancing, which we would rather call physical distancing, cannot be a “one size fits all” approach.
• False dichotomy between people’s health and society’s wellbeing for they are intertwined.
THANK YOU!

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